# FORM D SE MAR 2 0 2007 UI

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	OMB APPROVAL		
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Name of Offering The check if this is an a	imenament and name r	nas cnangea, and in	dicate change.)		
Issuance of Membership Interests of K2 Al	ternate Strategies, LL	С			
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	Section 4(6)	ULOE
Type of Filing: New Filing	Amendment			DD∩	CESSED
	A. BASIC	IDENTIFICATI	ON DATA	1116	
Enter the information_requested about the	e issuer			MΔ	R 2 7 2007
Name of Issuer	mendment and name h	as changed, and inc	licate change.		
K2 Alternate Strategies, LLC					THOMSON
Address of Executive Offices:		(Number and Stree	t, City, State, Zip Co	1	TOTAL COAD (COAD )
c/o K2 Advisors, L.L.C., 300 Atlantic Street	, 12 <sup>th</sup> Floor, Stamford,	Connecticut 0690	1		(203)348.5252
Address of Principal Offices		(Number and Stree	t, City, State, Zip Co	ode) Telephone Ni	umber (Including Area Code)
(if different from Executive Offices)					
Brief Description of Business: Private In	vestment Company	-			
Type of Business Organization					
corporation	☐ limited p	artnership, already f	ormed	other (please sp	ecify)
☐ business trust		artnership, to be for		Limited Liability Co	• •
		Month	Yea	<u>r</u>	
Actual or Estimated Date of Incorporation or C	Organization:	0 1	0	5 ⊠ Act	ual Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. P	ostal Service Abbre	viation for State;		
	. CN	I for Canada; FN for	other foreign jurisd	liction) D	E

### **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

·		AP ENZION		<u>A</u>	<u> </u>						
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>											
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director							
Full Name (Last name first,	if individual):	K2 Advisors, L.L.C.		, -							
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip Co	de): 300 Atlantic Street, 13	2 <sup>th</sup> Floor, Stamfor	d, Connecticut 06901						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first,	if individual):	Douglass III, William A.									
Business or Residence Address (Number and Street, City, State, Zip Code): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12 <sup>th</sup> Floor, Stamford, Connecticut 06901											
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner						
Full Name (Last name first,	if individual):	Saunders, David C.									
Business or Residence Add 300 Atlantic Street, 12 <sup>th</sup> F		•	de): c/o K2 Advisors, L.L.C	). 							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner						
Full Name (Last name first,	if individual):	Ferguson, John T.									
Business or Residence Add 300 Atlantic Street, 12 <sup>th</sup> Flo	*	•	de): c/o K2 Advisors, L.L.C								
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last name first,	if individual):	K2 Master Fund LP									
Business or Residence Add	•	•	de): c/o K2 Advisors, L.L.C	<b>c.</b>							
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last name first,	if individual):	State of New Mexico Inve	estment Council								
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip Co	de): 2055 South Pacheco S	Street - Suite 100,	Sante Fe, NM 87505						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last name first,	if individual):										
Business or Residence Address (Number and Street, City, State, Zip Code):											
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, i	f individual):			-							
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip Co	de):								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1. i	las the issue	er sold, or o	does the is	suer inten			edited inve endix, Co					☐ Yes	⊠ No
2. What is the minimum investment that will be accepted from any individual?									\$1,000,000°				
											* May b	e waived	
Does the offering permit joint ownership of a single unit?									Yes	□No			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC													
	and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)												
Full N	Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer													
Name	of Associate	ed Broker o	or Dealer	<u> </u>								<u> </u>	
	in Which Pe Check "All S											_	All States
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□ (R	] 🗀 [SC]	☐ [SD]	[מז]	□ [TX]	[[UT]	□ {VT}	□ [VA]	□ [WA]	[WV]	[WI]		□ [PR]	
Full N	ame (Last na	ame first, if	individual	)									
Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (	Code)						
Name	of Associate	ed Broker (	or Dealer										
	in Which Pe Check "All S												☐ All States
□ [A		☐ [AZ]	_		□ [CO]				☐ (FL)		[HI]	□ [ID]	
	[IN]	□ [IA]	☐ [KS]	□ [KY]	□ [LA]	☐ [ME]	☐ (MD)	☐ [MA]	[MI]	[MN]	☐ [MS]	[MO]	
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□ [R	] 🗆 [SC]	SD]		[XT]	[TU]		□ (VA)	□ [WA]	□ [WV]	□ [WI]		□ [PR]	
Full N	ame (Last na	ame first, if	individual	)		<u> </u>							
Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (	Code)						
Name	of Associate	ed Broker o	or Dealer	<b></b>									
	in Which Pe Check "All S												☐ All States
A) 🗆	.] [AK]	□ [AZ]	☐ [AR]	CA]	☐ [CO]		□ (DE)		[FL]	☐ [GA]	[HI]	(ID)	
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<b>□</b> [M		□ [NV]	☐ [NH]			□ [NY]			☐ [OH]		□ [OR]	□ [PA]	
∏ (R	]   (sc)		□ [TN]	[XT]	□ [UT]		[VA]	[WA]		[W]	□ [WY]	□ (PR)	

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EL INFORMATION ABOUT OFFERING

# COMPENSATION OF THE PROPERTY O

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	0
	Equity	\$	0	\$	00
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0_
	Partnership Interests	\$	0_	\$	0
	Other (Specify) Membership Interests	\$	500,000,000	<u>\$</u>	126,745,873
	Total	\$	500,000,000	\$	126,745,873
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		9	\$	126,745,873
	Non-accredited Investors		n/a	\$	n/a
	Total (for filings under Rule 504 only)		0	\$	0
	Answer also in Appendix, Column 4, If filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		•	s	n/a
	Regulation A			s	n/a
	Rule 504		n/a	s	
	Total			s	n/a
4.	<ul> <li>a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer.</li> <li>The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.</li> </ul>				
	Transfer Agent's Fees.	•••••	🗆	\$	<u>'0</u>
	Printing and Engraving Costs		🗆	\$	0
	Legal Fees		🛛	\$	114,311
	Accounting Fees		🗖	\$	00
	Engineering Fees			\$	0_
	Sales Commissions (specify finders' fees separately)		🗆	\$	0
	Other Expenses (identify)			\$	0_
	Total		🖾	\$	114,311

4	b.Enter the difference betwee and total expenses furnished gross proceeds to the issuer.	in response to Part C-Qu	estion 4.a. This differ	ence is the "adjusted	1		<u>\$</u>	499,88	5,659
5	Indicate below the amount of used for each of the purpose estimate and check the box to the adjusted gross proceeds	the adjusted gross procees s shown. If the amount for the left of the estimate.	ds to the issuer used any purpose is not ki The total of the payme	or proposed to be nown, furnish an ents listed must equa	Paym Off Dire	nents to icers, ctors & iliates		•	nents to thers
	Salarian and face				s	0		\$	0
		te			\$	0		\$	0
		asing and installation of m			\$	0		\$	0
		ig of plant buildings and fa			\$			\$	0_
	Acquisition of other bu	isinesses (including the va	due of securities invol	ved in this			_		• :
	offering that may be upursuant to a merger.	sed in exchange for the a	ssets or securities of a		<u>\$</u>	0		<u>\$</u>	0
	Repayment of indebte	edness			\$	0		\$	0
•	Working capital				\$	. 0	$\boxtimes$	\$499,	<u>885,659</u>
	Other (specify):	<u>.</u>	<u></u>		\$	0		\$	0
				🗆	\$	0		\$	0_
	Column Totals			· 🗆	\$.	0	$\boxtimes$	<b>\$</b> 499,	885,659
	Total payments Listed	i (column totals added)				<b>3</b> 49 €	9,88	35,659	
CO	is issuer has duly caused this anstitutes an undertaking by the the issuer to any non-accredite	issuer to fumish to the U.	S. Securities and Exc	hange Commission, I	s notice is filed upon written red	under Rule 5 quest of its st	05, the aff, the	following s information	signature n furnished
	suer (Print or Type)		Signature			Dat	_	15' 00	0.7
	2 Alternate Strate	gies, LLC	Title of Signer of right	or Type)	<u> </u>	Ma	irch	15, 20	07
	me of Signer (Print or Type) hn T. Ferguson	•		Officer, K2 Advisors	, L.L.C., its Me	mber Manaç	jer		
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			ATTEN	TION					
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## E. STATE SIGNATURE

Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D
  (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filled and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)

K2 Alternate Strategies, LLC

Name of Signer (Print or Type)

John T. Ferguson

Signature

March 15, 2007

While of Signer (Print or Type)

Chief Operating Officer, K2 Advisors, L.L.C., its Member Manager

### Instruction:

Print the names and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

. 0	0 .		1	AP.	PENDIX			÷		
1		2	3			4		. 5		
	to non-a		Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)					
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL						·				
AK										
AZ										
AR										
CA	·	х	\$500,000,000	2	\$1,500,000	0	0		х	
co										
СТ		х	\$500,000,000	4	\$69,629,373	0	0		x	
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NM		х	\$500,000,000	1	\$50,000,000	0	0		×	

0	» O			AP	ENDIX					
1		2	3			4		5		
	to non-a	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)					
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	. Yes	No	
NY		х	\$500,000,000	1	\$100,000	0	0		х	
NC										
ND				,						
ОН										
ок			·							
OR										
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